

STATE OF MONTANA DEPARTMENT OF LABOR AND INDUSTRY BUILDING CODES BUREAU  
- ELEVATOR SAFETY SECTION  
TEST REPORT OF GOVERNORS, SAFETY DEVICES, OIL BUFFERS AND RELIEF VALVES Required by  
ARM 24.301.601 (d) Appendix N, Table N1 of ASME A17.1, 2004 Edition

**FIVE YEAR FULL LOAD TEST FORM**

ELEVATOR LICENSE NO. \_\_\_\_\_

Name of Building: \_\_\_\_\_ County: \_\_\_\_\_

Building Address \_\_\_\_\_  
NUMBER STREET CITY ZIP CODE

Type of elevator being tested: Passenger ( ) Freight ( ) LULA ( ) Dumbwaiter ( ) Other: \_\_\_\_\_  
Machine type: Traction ( ) Drum ( ) Rack and Pinion ( ) Roped Hydraulic ( ) Other: \_\_\_\_\_  
Type of safety being tested: Broken rope ( ) , A Instantaneous ( ) , B Gradual ( ) , C type A with oil buffers ( ) Relief valve ( )  
Location of safety devices: Safety plank ( ) , Crosshead ( ) , Counterweight ( )  
Did all Stop, Broken rope, selector tape/cable, car tor exit or compensation switches disable elevator as required? Yes ( ) No ( )  
Material of guide rails: Car: Steel ( ) Wood ( ) Counterweight Steel ( ) Wood ( ) NA ( )  
Type of governor: Flyball ( ) Centrifugal ( ) NA ( ) Other \_\_\_\_\_ Was governor sealed before test: Yes ( ) No ( )  
Type and number of buffers: Car: Spring ( ) Oil ( ) NA ( ) Other \_\_\_\_\_ Number \_\_\_\_\_  
Counterweight buffers : Spring ( ) Oil ( ) Other \_\_\_\_\_ NA ( ) Number \_\_\_\_\_  
Was governor tripping speed tested? Yes ( ) No ( ) NA ( ) Tripping Speed \_\_\_\_\_ fpm  
Did Final Limits operate in both directions ? Yes ( ) No ( ) NA ( ) Did Normal Limits operate as required ? Yes ( ) No ( )  
Did Firefighters' Emergency Operation Phase 1 and Phase 2 function as required ? Yes ( ) No ( ) NA ( )  
Is the door closing force less than 30 lbs. when tested between 1/3 and 2/3s of opening after stalling door ? Yes ( ) No ( ) NA ( )  
Are the required governor, buffer, safety releasing carrier and relief valve seals and tags affixed in accordance with the code rules? Yes ( ) No ( )  
Has this test been logged in the elevator maintenance log and is the maintenance log up to date ? No ( ) Yes ( )

**Tags CANNOT BE MARKED WITH MARKING PENS**

**FIVE FULL LOAD TEST**

**TEST SHALL BE PERFORMED BY LICENSED ELEVATOR PERSONEL**  
**Section 8.11.2.3 of ASME A17.1, 2004 Edition - REQUIRED EVERY 5 YEARS**

Safety tested by: Obtaining slack in hoist cables ( ) Tripping governor at rated tripping speed with rated load ( )  
Cable leaving the safety drum: \_\_\_\_\_ inches NA ( ) Turns remaining on drum: \_\_\_\_\_ NA ( )  
Governor tripping speed is: \_\_\_\_\_ fpm. NA ( ) Car slide: \_\_\_\_\_ inches (Average of all four marks)  
Tripping speed of governor switch ? \_\_\_\_\_ fpm NA ( )  
Rated Governor tripping speed \_\_\_\_\_ fpm NA ( )  
Rated Governor switch tripping speed \_\_\_\_\_ fpm NA ( )  
Platform was out of level: \_\_\_\_\_ inches with safety devices set.  
What is the weight for a balanced car \_\_\_\_\_ lbs NA ( )  
Was the braking system tested per A17.1, Section 8.11.2.3.4? Yes ( ) No ( )  
Did oil buffers return within 90 seconds and oil level checked? Yes ( ) No ( ) NA ( )  
Test performed with: \_\_\_\_\_ lbs. In car.  
Did elevator lose traction with rated load In car? Yes ( ) No ( )  
Car speeds: Empty up: \_\_\_\_\_ fpm Empty down: \_\_\_\_\_ fpm Full load up: \_\_\_\_\_ fpm Full load down  
\_\_\_\_\_ fpm. (also applies to One Man Hand Powered Elevator tests every 12 months)

**THIS HYDRAULIC ELEVATOR HAS BEEN TESTED TO CONFORM WITH ALL APPLICABLE**  
**REQUIREMENTS OF ASME A17.3, 2002**  
**Edition, Section 4.4.1 - REQUIRED EVERY 5 YEARS**

Relief valve by-passed pressure at: \_\_\_\_\_ psi. NA ( ) Measured full load working pressure: \_\_\_\_\_ psi. NA ( )  
Car speeds: Rated load up: \_\_\_\_\_ fpm Rated load down \_\_\_\_\_ fpm. NA ( )  
Was there any change in the car position which cannot be accounted for by visible oil leakage or temperature change during the standard test? Yes ( ) No ( ) 15 minutes test required. Rule 1005.2a  
Was this test up against the stop ring? Yes ( ) No ( ) NA ( )  
**Have any changes been made since last year ? Yes ( ) No ( ) Are any Changes needed ? Yes ( ) No ( )**

Company Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_ State License No. \_\_\_\_\_ Date \_\_\_\_\_  
**All Lines Must Be Filled out with Each Test. Send in within 10 days of completion of tests to:**  
**Building Codes Bureau Fax 406-481-2050 or Email buildingcodes@mt.gov Effective Date : 8/31/2018**